

READ THESE INSTRUCTIONS FIRST!

OFFICE OF THE SHERIFF PERSONAL HISTORY STATEMENT

This form is part of the initial phase of the employment process. It is imperative that all questions are completely answered in detail. All information is **CONFIDENTIAL**. This document will be used to verify your personal background and suitability for employment. Any **FALSE, MISLEADING, INCOMPLETE, or UNTRUTHFUL** responses to any questions will disqualify you from the application process.

For questions that require a “YES” or “NO” response, place a check in the space provided. If a category or question does not apply, place N/A (not applicable) in the designated area. If additional space is needed for any item, continue the answer on page 14. Number each answer to correspond with the appropriate question. **Review the entire packet prior to completing it.** If you need more space when completing the residential history or employment history sections, **make additional copies of the pages prior to completing them.**

All enclosed documents to include the Personal History Statement must be **TYPED or PRINTED IN BLACK INK**, completed by the applicant, and each question answered accurately. You are required to sign and date all pages. Read page 15 carefully prior to signing that page.

You must complete and return this personal history statement within four weeks of receipt. If you have not submitted your personal history statement within four weeks, you must re-apply for the position again on-line and mail this completed personal history statement to the Applicant Recruiting Section.

Applicant's Signature _____ *Date* _____

Office of the Sheriff
Fairfax County, Virginia
PERSONAL HISTORY STATEMENT

Deputy Part Time _____
 Deputy Full Time _____

PERSONAL DATA

If at any time any of the information provided on this Personal History Statement changes, you must make your background investigator aware of it (i.e. phone numbers, address, marital status, traffic violations).

1. Name (Print) First, Middle, Last:

Maiden Name:

2. Have you ever legally changed your name? YES ☐ NO ☐ If YES, list your full former name(s).
 List any other name(s) you have used if different from above: (Include all nicknames)

Court/Jurisdiction of name change: _____ Date: _____

3. Present Home Address & P.O. Box *if applicable*: (Residence Number, Street, Apt. Number, City, State, Zip Code):

Telephone number:

Home: ()

Work: ()

Cell: ()

Email:

4. Social Security Number:
 / /

Date of Birth:

Height:

Weight:

Hair Color:

Eye Color:

All Deputy Sheriff Applicants are required to be United States Citizens.

Place of Birth (City, State):

Where did you grow up? (City, State):

5. Place of Naturalization: (if applicable) _____

City and State: _____

Date of Naturalization: _____

Naturalization Certificate Number: _____

6. Father's Name:

7. Mother's Name:

Address: _____

Address: _____

Home Telephone:

Work Telephone :

Home Telephone:

Work Telephone:

Father's Occupation:

Mother's Occupation:

Applicant's Signature _____ *Date* _____

8. If you were raised by someone other than your natural parents, provide the following information:

Name: _____ Relationship: _____
Address: _____ Telephone Number-Home: _____
Work: _____

9. If either parent is remarried, list the name and address of stepparents:

A. _____

B. _____

10. List the names, date of birth, and addresses of your brothers, half brothers, stepbrothers, sisters, half sisters, stepsisters:

Additional information on page _____

Name	Date of Birth	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

11. What is your present marital status? () Single () Married () Separated () Divorced () Widowed

Spouse Information:

Name: _____ Maiden Name (if applicable): _____

Date of Birth: _____ SSN: _____ / _____ / _____ Date of Marriage: _____

Address & Telephone (if different): _____

Employer: _____ Occupation: _____

Address: _____ Telephone: _____

Provide an appropriate time of day to contact your spouse. _____

12. How many times have you been married? _____ Number of times divorced? _____ Widowed? _____

Name of ex-spouse	Address	Date of Divorce	Jurisdiction
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

13. Do you have any children and/or dependents? YES ☐ NO ☐ If YES, provide:

Name	Date of Birth	Address, if other than yours	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
Additional information on page _____			

Applicant's Signature _____ **Date** _____

14. Have you **ever** in your life possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication? YES ☐ NO ☐ If YES, provide that information: (**Method**= possessed, tried, experimented, sold)

Drug Name	Number of Times	Method	Last Time	Drug Name	Number of Times	Method	Last Time
1. Marijuana	_____	_____	_____	14. Ecstasy	_____	_____	_____
2. Hash	_____	_____	_____	15. Oxycontin	_____	_____	_____
3. Cocaine	_____	_____	_____	16. Methamphetamine	_____	_____	_____
4. Crack	_____	_____	_____	17. Mescaline	_____	_____	_____
5. LSD	_____	_____	_____	18. Codeine	_____	_____	_____
6. PCP	_____	_____	_____	19. Ice	_____	_____	_____
7. Acid	_____	_____	_____	20. Designer Drugs	_____	_____	_____
8. Mushrooms	_____	_____	_____	21. Steroids	_____	_____	_____
9. Peyote	_____	_____	_____	22. Inhalants (nitrous oxide, glue, gasoline etc.)	_____	_____	_____
10. Opium	_____	_____	_____	23. Other, list on page 14, to include all those drugs not listed on this page.	_____	_____	_____
11. Heroin	_____	_____	_____		_____	_____	_____
12. Barbiturates	_____	_____	_____		_____	_____	_____
13. Morphine	_____	_____	_____				

15. Have you been in the presence of or used any illegal drugs or substances in the past twelve months? YES ☐ NO ☐
If YES, when and under what circumstances? (See page 15 for additional space)

16. Do you use any tobacco products such as cigarettes, cigars, pipe, chewing tobacco or snuff? YES ☐ NO ☐ If YES, please circle, or list it on the line:

The Fairfax County Sheriff's Office requires that all newly hired **deputies** be non-smokers and remain non-smoking during employment. If hired, you will be required to sign an employment contract to that effect. Breach of that contract is grounds for termination.

17. Do you claim any type of disability? YES ☐ NO ☐ If YES, explain: _____

18. Are you currently, or have you ever been, a member of or affiliated with any communist or subversive organization, or any political party or organization which advocates the overthrow of the United States government? YES ☐ NO ☐

If YES, explain: _____

19. Are you currently, or have you ever been, a member of or supported the basic tenets and beliefs of any group, association, or organization which advocates aggression or violence toward any person or group of persons because of race, religion, or ethnic origin? YES ☐ NO ☐ If YES, explain: _____

Applicant's Signature _____ **Date** _____

20. Have you ever applied for employment with our agency or any other law enforcement agency? Include Federal, State, Local, or any other Public Safety Employer. YES ☐ NO ☐ If YES, list below. (Note that if you are currently in another agency's process, you are required to provide periodic updates to your applicant investigator).

Date	Agency	Position	Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
Additional information on page _____			

21. If denied by any of the agencies listed above, please explain why in the additional space provided on page _____.

22. Have you ever taken a polygraph examination? YES ☐ NO ☐ If YES, reason and where administered: _____

Additional information on page _____

EDUCATION

23. Name of High School graduated from or last attended: _____
Address: _____

Year Graduated: _____

If you did not graduate, highest grade **completed**: _____
If G.E.D., give date and state of issuance: _____

24. Colleges, Universities, Other Schools attended:

1. _____
2. _____
3. _____

Address

Dates
Attended

Year and Degree Awarded

25. Have you ever been suspended, dismissed or expelled from any school? YES ☐ NO ☐

If YES, where and why _____

26. Have you ever attended a police or public safety academy? YES ☐ NO ☐ If YES, provide:

Name of Academy, Address	List Certifications Received	Dates Attended
1. _____	_____	_____
2. _____	_____	_____

Applicant's Signature _____ **Date** _____

FINANCIAL DATA

Include all financial data for yourself and your spouse (If applicable) for questions #28 to #36.

28. What is your current gross monthly salary? _____

If applicable, what is your spouse's current gross monthly salary? _____

29. List all debts, including rent, home mortgages, car notes, all open credit card accounts, personal loans, etc:

Type of Account	Monthly Payment	Present Balance	To whom owed: Name and Full Address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
Additional information on page _____			

30. Have your wages ever been garnished? YES ☐ NO ☐ If YES, why? _____

31. Have your tax returns ever been withheld? YES ☐ NO ☐ If YES, why? _____

32. Have you ever filed for bankruptcy or been adjudicated bankrupt? YES ☐ NO ☐ If YES, give date of discharge in bankruptcy _____ Location _____ Court and Jurisdiction _____ Amount of indebtedness \$ _____ Explain circumstances of bankruptcy: _____

33. Do you have any pending judgments in court? YES ☐ NO ☐ If YES, where and for how much? _____

34. Are you currently delinquent on any account? YES ☐ NO ☐ If YES, please list account and time delinquent. _____

Additional information on page _____

35. Have you ever been a plaintiff or defendant in a civil action? YES ☐ NO ☐ If YES, give details, such as date, place, jurisdiction, amount of each judgment and final disposition: _____

36. Do you pay alimony or child support? YES ☐ NO ☐

If YES, list to whom those payments are made and why: _____

In the amount of \$ _____ per month, total per year \$ _____

Details: _____

Applicant's Signature _____ Date _____

MILITARY DATA

37. Have you ever been a member of any branch of the Armed Forces? ☐ YES ☐ NO

If YES, give the branch name: _____ Service Number: _____

Date entered _____ Date discharged or pending discharge _____ Highest rank obtained _____

Rank when discharged _____ Number of enlistments _____ Primary duties _____

Type of discharge: () Honorable () General () Dishonorable () Uncharacterized

38. Are you a member of any military reserve unit or National Guard? ☐ YES ☐ NO

If YES, give branch name: _____

Serial Number: _____ Rank: _____ () Active () Inactive

39. Have you ever been a member of any military service other than the United States? ☐ YES ☐ NO

If YES, what country: _____ Identification Number _____

Length of service _____ Type of discharge: _____

40. Please list your duty stations in chronological order starting with boot camp until the end of your military service with dates (If additional space is needed, please use page 14).

Duty Station**Dates**

41. During your military service as outlined above:

A.) Were you ever disciplined, or did you ever receive an Article 15, or court martial ☐ YES ☐ NO

B.) Did you ever appear before any command personnel for disciplinary reasons? ☐ YES ☐ NO

If YES, provide:

Date	Charges	Disposition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Additional information on page ____.		

Applicant's Signature _____ **Date** _____

C.) Were you ever the subject of any criminal investigation or arrested by military authorities concerning any alleged misconduct? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list:		
Date	Location	Allegation(s)/Disposition(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

42. Have you ever been turned down, denied entry or rejected by any branch of the Armed Forces for any reason?
☐ YES ☐ NO If YES, explain:

Date	Branch	Reason
1. _____	_____	_____
2. _____	_____	_____

If you have been part of the United States military, you must supply both sections of your DD-214 Member 1 and Member 4.

EMPLOYMENT HISTORY

43. Start with your current employer and in reverse chronological order list your entire work history. Include any periods of unemployment, employment from unclaimed income, volunteer work, military service, and part-time work. Make sure to complete this in its entirety. **If you need more space when completing the employment history section, make additional copies of page 9 prior to completing it.**

Start with your Present Employment:

Dates of Employment: _____ To <u>Present</u> Supervisor's Name: _____ Supervisor's Title: _____ Telephone Number: _____ Best time to contact: _____	Full Name, Address, Zip Code and Phone Number of Business: _____ _____ _____	Position held: _____ Salary: _____
		Additional contacts for reference (i.e. co-workers, supervisors) with telephone number: _____ _____ _____

Describe your duties (Briefly) and reasons for leaving: _____

Is this employer still in business? ☐ YES ☐ NO
 If NO, provide a phone number and address of anyone you remain in contact with from this employment. _____

Applicant's Signature _____ ***Date*** _____

EMPLOYMENT HISTORY

Dates of Employment:

_____ To _____

Supervisor's
Name: _____

Supervisor's
Title: _____

Telephone
Number: _____

Best time to
contact: _____

Full Name, Address, Zip Code and Phone
Number of Business:

Position

held: _____

Salary: _____

Additional contacts for reference (i.e. co-
workers, supervisors) with telephone
number:

Describe your duties (Briefly) and reasons for leaving: _____

Is this employer still in business? ☐ YES ☐ NO

If NO, provide a phone number and address of anyone you remain in contact with from this employment. _____

Dates of Employment:

_____ To _____

Supervisor's
Name: _____

Supervisor's
Title: _____

Telephone
Number: _____

Best time to
contact: _____

Full Name, Address, Zip Code and Phone
Number of Business:

Position

held: _____

Salary: _____

Additional contacts for reference (i.e. co-
workers, supervisors) with telephone
number:

Describe your duties (Briefly) and reasons for leaving: _____

Is this employer still in business? ☐ YES ☐ NO

If NO, provide a phone number and address of anyone you remain in contact with from this employment. _____

Applicant's Signature _____ *Date* _____

Have you been fired or terminated for any reason? ☐ YES ☐ NO

If "YES" give date of each discharge, the place of employment, and an explanation in detail on page 14.

Have you ever left employment without giving notice? ☐ YES ☐ NO

If "YES" give end date, the place of employment, and an explanation in detail on page 14.

Have you ever quit a job after being notified that you would be fired? ☐ YES ☐ NO

If "YES" give date of forced resignation, the place of employment, and an explanation in detail on page 14.

ARREST RECORD

44. In your life, have you **ever** been investigated, detained, charged, or arrested for any criminal offense as a Juvenile or Adult?

Include records that have been expunged or dismissed. **Additional information on page** _____

☐ YES ☐ NO If YES, please describe:

Date	Jurisdiction	Charge(s)	Disposition**
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Disposition- i.e. found not guilty, dismissed, nolle prosequi or no contest plea, etc.

45. Have you ever been convicted of a felony? ☐ YES ☐ NO

If "YES", give details in space provided on page ____.

MOTOR VEHICLE DRIVING HISTORY

46. In what state are you currently licensed to drive? _____ Permit Number: _____

Expiration Date: _____

Is your address current on your operator's license? ☐ YES ☐ NO

Are there any restrictions or special conditions attached with your operator's license? ☐ YES ☐ NO If YES, explain:

List any other state(s) in which you have been licensed to operate a motor vehicle and include the permit numbers: _____

47. List all tickets, summonses, citations that you have received regardless of the disposition to include outstanding parking tickets.

Give a chronological listing, starting with the most recent offense, and indicate the following:

Date	Jurisdiction	Charge(s)	Disposition
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

Additional information on page ____.

Applicant's Signature _____ **Date** _____

48. Has your privilege to drive ever been denied, refused, suspended or revoked? ☐ YES ☐ NO
 If YES, give date(s), place(s) and reason(s): _____

49. Have you ever attended a driver improvement course? ☐ YES ☐ NO If YES, provide information:

Date	Location	Reason
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

50. Has your automobile insurance ever been canceled? ☐ YES ☐ NO If YES, give details:

RESIDENTIAL HISTORY

51. Provide your entire residential history. You must list all of your residences, beginning with your current address and list in reverse chronological order where you have lived ending with your first residence. Provide addresses of at least six surrounding neighbors on your street, even if not acquainted. List any roommates and landlord/rental companies in the space provided. **If you need more space when completing the residential history section, make additional copies of page 12 prior to completing it.**

Dates	Complete Address	Full Address, Including Zip Code Of Nearest Neighbors. If Possible Include Full Names And Telephone Numbers.
From/To: _____ to <u>Present</u>	_____	1. _____
	_____	2. _____
	Landlord/Realty Company (If Applicable): _____	3. _____
Nearest Intersection:	_____	4. _____
	Roommates (If Applicable): _____	5. _____
	_____	6. _____

Applicant's Signature _____ ***Date*** _____

Dates	Complete Address	Full Address, Including Zip Code Of Nearest Neighbors. If Possible Include Full Names And Telephone Numbers.
From/To:		1.
_____	_____	2.
to	_____	
_____	Landlord/Realty Company (If Applicable):	3.

Nearest Intersection:	_____	4.

	Roommates (If Applicable):	5.

	_____	6.

From/To:		1.
_____	_____	2.
to	_____	
_____	Landlord/Realty Company (If Applicable):	3.

Nearest Intersection:	_____	4.

	Roommates (If Applicable):	5.

	_____	6.

<i>Applicant's Signature</i> _____ <i>Date</i> _____		

REFERENCES

52. List five (5) persons you have known for at least one year who are not related to you by blood or marriage and who are not already listed under employment or residential history.

1. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

2. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

3. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

4. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

5. Name: _____	Telephone _____	Home: _____	Work: _____
----------------	-----------------	-------------	-------------

Address: _____

Occupation: _____

53. Where did you hear about us? (Check a box below):

☐ Internet ☐ From an Agency Employee ☐ Advertisement Brochure
☐ Job Fair ☐ From a family member ☐ Other _____

54. In 100 words or less, state why you would like to be employed by the Fairfax County Sheriff's Office. This statement **MUST** be in your own handwriting.

[illegible]

Applicant's Signature _____ *Date* _____

<i>ADDITIONAL INFORMATION</i>

List corresponding number of question:

Applicant's Signature _____ *Date* _____

I _____ understand that all of the information contained herein is **CONFIDENTIAL**, and will only be used to verify my personal background and suitability for employment. Any **FALSE, MISLEADING, INACCURATE** or **INCOMPLETE** responses to any questions will disqualify me from the application process.

Sign this page in the presence of a Notary Public

I hereby certify that all information in this Personal History Statement is accurate and true to the best of my knowledge.

Date

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

My commission expires

Applicant, please note:

You **MUST** furnish copies of the following documents upon submission of your Personal History Statement:

1. Birth certificate or other proof of United States citizenship
2. High school diploma or equivalent certificate, **plus** high school transcripts
3. Social Security card
4. Driver's License & Driver Transcripts if Out-of-State

If applicable, furnish copies of:

5. Military discharge (DD214) Member 1 and 4 forms
6. Name change documentation from court
7. Marriage certificate
8. Divorce decree(s) or legal separation papers
9. Certified copies of college or university transcript(s)

Also include **two passport type (size – 2 Inches X2 Inches) photographs** of yourself

You **MUST** sign and return the following original documents upon submission of your Personal History Statement:

1. Signed Informed Consent Form
2. Signed Notification and Authorization for Employment Credit Report Form
3. Signed & Notarized Authorization of Release of Information Form
4. Signed Change of Information Form



Commonwealth of Virginia

Fairfax County - Office of the Sheriff

Personnel Section

10459 Main Street

Fairfax, Virginia 22030

(703) 246-3319 Fax (703) 293-9243



INFORMED CONSENT

I, _____, AS A CANDIDATE TO WORK WITH THE FAIRFAX COUNTY OFFICE OF THE SHERIFF, UNDERSTAND THAT ALL PERSONAL INFORMATION FOR THE POSITION IS CONFIDENTIAL AND WILL BE SEEN ONLY BY THOSE PEOPLE DIRECTLY INVOLVED IN MY RECRUITMENT.

I ALSO UNDERSTAND THAT SOME OR ALL OF THIS INFORMATION, AS WELL AS INFORMATION PERTAINING TO EMPLOYMENT; APPRAISAL RATING; ACCIDENT & ILLNESS RECORDS; AND OTHER INFORMATION ABOUT MY EMPLOYMENT RECORD MAY BE USED FOR PURPOSES OF AUTHORIZATION ACCESS TO SHERIFF'S OFFICE INFORMATION ASSESTS FOR ADMINISTRATIVE PURPOSES.

SIGNATURE

DATE



Commonwealth of Virginia

Fairfax County - Office of the Sheriff

Personnel Section
10459 Main Street
Fairfax, Virginia 22030
(703) 246-3319 Fax (703) 293-9243



NOTIFICATION AND AUTHORIZATION **FOR EMPLOYMENT CREDIT REPORT**

I, _____, authorize the Fairfax County Sheriff's Office to obtain a credit report on me through the credit reporting agency(s) of its choice. If employed, I further authorize the Credit Bureau to check my credit record, as needed, on a continuing basis as it relates to my employment.

If an adverse employment decision is made due totally or partially to the information on the credit report, I can receive a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them, if I wish.

SIGNATURE

DATE



Commonwealth of Virginia

Fairfax County - Office of the Sheriff



Personnel Section
10459 Main Street
Fairfax, Virginia 22030
(703) 246-3319 Fax (703) 293-9243

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, DO HEREBY AUTHORIZE A REVIEW OF AND FULL DISCLOSURE OF ALL RECORDS OR ANY PART THEREOF, CONCERNING MYSELF, BY AND TO THE FAIRFAX COUNTY SHERIFF'S OFFICE, OR ITS AUTHORIZED AGENT, WHETHER THE SAID RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL AND COMPLETE DISCLOSURE OF THE RECORDS OF EDUCATIONAL INSTITUTIONS; FINANCIAL OR CREDIT INSTITUTIONS, INCLUDING RECORDS OF DEPOSITS, WITHDRAWALS AND BALANCES OR CHECKING AND SAVINGS ACCOUNT, AND LOANS AND ALSO THE RECORDS OF COMMERCIAL OR RETAIL CREDIT AGENCIES (INCLUDING CREDIT REPORTS AND/OR RATINGS); MEDICAL AND PSYCHIATRIC TREATMENT AND/OR CONSULTATION, INCLUDING HOSPITALS, CLINICS, PRIVATE PRACTITIONERS, AND THE U.S. VETERAN'S ADMINISTRATION; PUBLIC UTILITY COMPANIES; EMPLOYMENT AND PRE-EMPLOYMENT RECORDS, INCLUDING BACKGROUND REPORTS, EFFICIENCY RATINGS, COMPLAINTS OR GRIEVANCES FILED BY OR AGAINST ME, AND SALARY RECORDS; REAL AND PERSONAL PROPERTY TAX STATEMENTS AND RECORDS; AND OTHER FINANCIAL STATEMENTS AND RECORDS WHEREVER FILED; RECORDS OF COMPLAINTS OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, AND TO INCLUDE THE RECORDS AND RECOLLECTIONS OF ATTORNEYS-AT-LAW, OR OF OTHER COUNSEL, WHETHER REPRESENTING ME OR ANOTHER PERSON IN ANY CASE IN WHICH I PRESENTLY HAVE, OR HAVE HAD AN INTEREST.

I REITERATE AND EMPHASIZE THAT THE INTENT OF THIS AUTHORIZATION IS TO PROVIDE FULL AND FREE ACCESS TO THE BACKGROUND AND HISTORY OF MY PERSONAL LIFE, FOR THE SPECIFIC PURPOSE OF PURSUING A BACKGROUND INVESTIGATION WHICH MAY PROVIDE PERTINENT DATA FOR THE FAIRFAX COUNTY SHERIFF'S OFFICE TO CONSIDER IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THAT AGENCY.

IT IS MY SPECIFIC INTENT TO PROVIDE ACCESS TO PERSONAL INFORMATION, HOWEVER PERSONAL OR CONFIDENTIAL IT MAY APPEAR TO BE, AND THE SOURCES OF INFORMATION SPECIFICALLY ENUMERATED ABOVE IS NOT INTENDED TO DENY ACCESS TO ANY RECORDS NOT SPECIFICALLY IDENTIFIED HEREIN. THIS ACCESS IS TO INCLUDE BUT NOT LIMITED TO; INVESTIGATIONS BY OTHER LAW ENFORCEMENT AGENCIES INCLUDING RESULTS OF POLYGRAPH TESTS, MENTAL EVALUATIONS AND ANY AND ALL PRE-EMPLOYMENT APPLICATION TESTS.

I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS RELEASE AUTHORIZATION WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR EMPLOYMENT BY THE FAIRFAX COUNTY SHERIFF'S OFFICE.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL HEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

_____ SIGNATURE	_____ SOCIAL SECURITY NUMBER	_____ DATE OF BIRTH
_____ STREET ADDRESS	_____ CITY	_____ STATE
		_____ ZIP
GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20____, IN _____		

_____ NOTARY PUBLIC SIGNATURE	_____ COMMISSION EXPIRES
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Commonwealth of Virginia

Fairfax County - Office of the Sheriff

Personnel Section
10459 Main Street
Fairfax, VA 22030
(703)246-3319 Fax (703) 293-9243



TO: DEPUTY SHERIFF AND CIVILIAN APPLICANTS:

As applicants, you are responsible for notifying the applicant section if you:

- Change any of the following:
 - Address
 - Phone Number
 - Employment
 - Marital Status
 - Education/Training
 - Any Other Information
- Apply to other law enforcement agencies or receive results from an active application to other law enforcement agencies.
- Receive any traffic violations, arrests of any nature, have a motor vehicle accident, or any involvement with a law enforcement agency.
- Remember that any postponement or rescheduling of required appointments with the applicant section may jeopardize your ability to successfully gain employment.

I HAVE READ THE ABOVE STIPULATIONS AND FULLY UNDERSTAND THEM.

Applicant Name(Print)

Signature

Date

<http://www.fairfaxcounty.gov/sheriff/>